

Amendment No. _____

Signature of Sponsor

FILED
Date _____
Time _____
Clerk _____
Comm. Amdt. _____

AMEND Senate Bill No. 158

House Bill No. 94*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 140, Part 4, is amended by adding the following as a new section:

68-140-410.

- (a) This section shall be known and may be cited as the "Lovin Law."
- (b) An owner or operator of a publicly operated or privately operated facility that is twelve thousand square feet (12,000 sq. ft.) or greater in size and open to the public must:
 - (1) Make available at least one (1) functional automated external defibrillator (AED) for emergency use; and
 - (2) Inspect and maintain the AED as required according to the manufacturer's recommendations for the AED.
- (c) Notwithstanding § 63-6-218, a facility described in subsection (b) is not civilly liable for any personal injury that results from an act or omission that does not amount to willful or wanton misconduct or gross negligence if the owner or operator of the facility, and any employee using the AED, comply with this section, § 68-140-408, and the rules adopted by the department of health pursuant to § 68-140-405.
- (d) This section does not apply to any school to which § 49-2-122 applies.
- (e) During any inspection by a municipal or county building inspector or fire chief, the state fire marshal, or any other official designated to inspect buildings or premises in a jurisdiction, the official shall ensure compliance with this section.
- (f)



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(1) An owner or operator of a facility required to have an AED by this section who fails to have a functioning AED in place in the facility is subject to a civil penalty that is not to exceed fifty dollars (\$50.00) for each day of violation of this section. Each day of violation by an owner or operator is a separate violation.

(2) This subsection (f) may be enforced by an official described in subsection (e).

(3) An official authorized to enforce this section under subsection (e) may also grant the facility a grace period on request that shall not exceed two (2) weeks during which time the penalty shall not be assessed in order to provide additional time for the facility to come into compliance with this section. The penalty must not be assessed so long as the violation is corrected during the grace period.

SECTION 2. Tennessee Code Annotated, Section 68-140-405, is amended by adding the following language as a new subdivision:

() Requirements of facilities to effectuate the purposes of § 68-140-410.

SECTION 3. For purposes of rule promulgation, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes, this act shall take effect January 1, 2019, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No. _____

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AMEND Senate Bill No. 2099

House Bill No. 2002*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 53-11-311(b)(1), is amended by adding the following as a new subdivision:

(D) Directly administered the buprenorphine mono or buprenorphine without use of naloxone by a healthcare provider, acting within the healthcare provider's scope of practice, for the treatment of substance use disorder pursuant to a medical order or prescription order from a physician licensed under title 63, chapter 6 or 9; provided, however, that this subdivision (b)(1)(D) does not permit buprenorphine mono or buprenorphine without use of naloxone to be dispensed to a patient in a manner that would permit it to be administered away from the premises on which it is dispensed.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.



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Amendment No. _____

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AMEND Senate Bill No. 2022

House Bill No. 2004*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 1, is amended by adding the following as a new part:

63-1-601.

(a) The department of health shall accept allegations of opioid abuse or diversion. The department shall publicize a means of reporting allegations of opioid abuse or diversion.

(b) Any entity that prescribes, dispenses, or handles opioids shall provide information to employees about reporting suspected opioid abuse or diversion. The information may be provided to each employee individually in writing, documented by the employing entity, or by posting, in a conspicuous location in a non-public area regularly used by employees, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:

NOTICE: PLEASE REPORT ANY SUSPECTED ABUSE OR DIVERSION OF
OPIOIDS, OR ANY OTHER IMPROPER BEHAVIOR WITH RESPECT TO
OPIOIDS, TO THE DEPARTMENT OF HEALTH'S COMPLAINT INTAKE LINE:

[NUMBER OF INTAKE LINE]

(c) The department shall refer reports received through the hotline to the appropriate health-related board or law enforcement official.

63-1-602.



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(a) No employee of an entity that prescribes, dispenses, or handles opioids shall be discharged or terminated solely for reporting information in good faith to the department of health.

(b) No person licensed under this title shall suffer an adverse licensure action solely for reporting information in good faith to the department of health.

(c) A person who reports information in good faith to the department of health is immune from civil liability related to the report.

SECTION 2. This act shall take effect January 1, 2019, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

AMEND Senate Bill No. 2561

House Bill No. 2118*

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by deleting subsection (d) from Section 2 and substituting instead the following:

(d) The council membership shall be appointed by the executive director, after consulting with Tennessee Hospice Association, Tennessee Hospital Association, Tennessee Medical Association, Tennessee Nursing Association, Tennessee Health Care Association, Tennessee Association of Home Care, and the Tennessee Chapter of American Cancer Society, and shall include interdisciplinary palliative care medical, nursing, social work, pharmacy, and spiritual professional expertise; patient and family caregiver advocate representation; and any other relevant appointees the executive director determines appropriate. The advisory council shall consist of no more than eleven (11) members. The executive director shall consider the racial, gender, geographic, urban/rural, and economic diversity of the state when appointing members. Membership shall specifically include health professionals having palliative care work experience or expertise in palliative care delivery models in a variety of inpatient, outpatient, and community settings such as acute care, long-term care, and hospice and with a variety of populations, including pediatric, youth, and adult. At least one (1) council member shall be a board-certified hospice and palliative medicine physician, at least one (1) council member shall be a licensed certified registered nurse practitioner with expertise in palliative care, and one (1) council member shall be from the department of health. Council members shall be appointed for a term of three (3) years. The members shall elect a chair and vice chair whose duties shall be established by the council. The council shall fix a time and place for regular meetings and shall meet no less than twice yearly.



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House Health Subcommittee Am. #1

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AMEND Senate Bill No. 2513

House Bill No. 2167*

by deleting the language "responders" in subsection (a) of the amendatory language of Section
2 and substituting the language "providers".



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AMEND Senate Bill No. 2565

House Bill No. 2221*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following as a new section:

(a) As used in this section:

(1) "Exceptional circumstance" means a rare circumstance where a patient has a non-exempt condition and the health care prescriber, in the prescriber's sound professional judgment, determines that requiring the patient to comply with the limitations imposed on a non-exempt prescription would put an unjustifiable burden on the patient and could result in the risks of adverse effects from pain exceeding the risks associated with opioid use. Factors that could justify a determination of exceptional circumstance include, but are not limited to, a patient's financial circumstances, transportation challenges, additional burden placed on a caregiver, or the amount of time until the patient would next be able to be seen by the prescriber;

(2) "Exempt prescription" means a prescription for more than a three-day supply of an opioid where:

(A) The prescription qualifies as exempt treatment; or

(B) There is an exceptional circumstance necessitating the prescription;

(3) "Exempt treatment" means:

(A) Treatment of pain in a patient who is receiving hospice care;

(B) Treatment of pain associated with a valid cancer diagnosis;



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(C) Treatment of chronic pain;
(D) Treatment for substance abuse disorder;
(E) Perioperative treatment of pain;
(F) Direct administration of an opioid to an ultimate user in an inpatient setting;

(G) Treatment of sickle cell disorder; or

(H) Any additional treatment scenario deemed medically necessary by the department of health, by rule;

(4) "Healthcare practitioner" means a person licensed under this title who has the authority to prescribe or dispense controlled substances in the course of professional practice;

(5) "ICD-10 code" means the code established in the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) adopted by the federal centers for medicare and medicaid services, or the code used in any successor classification system adopted by the federal centers for medicare and medicaid services, that corresponds to the diagnosis of the condition being treated;

(6) "Non-exempt prescription" means a prescription for more than a three-day supply of an opioid that is not an exempt prescription; and

(7) "Short-term prescription" means a prescription for an opioid that does not exceed a three-day supply.

(b) A healthcare practitioner shall not issue a prescription for an opioid other than a short-term prescription except as provided in this section.

(c) A health care prescriber that issues an exempt prescription must:

(1) Include the ICD-10 code for the condition being treated on the prescription;

(2) Include the words "DISPENSE IN FULL" on the prescription;

(3) Document the reason the prescription was medically necessary in the patient's medical records; and

(4) If the prescription is an exempt prescription because of a determination of exceptional circumstance, document the factors that resulted in the health care prescriber's determination of exceptional circumstance, including the unusual circumstances that necessitated the determination and what alternatives were considered, in the patient's medical records.

(d) A health care prescriber that issues a non-exempt prescription must:

(1) Assess the patient in person prior to issuing each non-exempt prescription; and

(2) Issue no more than one (1) non-exempt prescription for a patient at a time.

(e) A health care prescriber shall not continue a course of treatment for a patient that involves treatment with an opioid for more than six (6) months unless the patient is assessed in person by a physician licensed under chapter 6 or 9 of this title at least once every six (6) months. For purposes of this subsection (e), prescribing an opioid to a patient is considered continuing a course of treatment if the patient has been prescribed an opioid within the previous six (6) months.

(f)

(1) A healthcare practitioner shall not dispense more than a five-day supply for an initial fill from a non-exempt prescription.

(2) A healthcare practitioner shall not dispense an initial fill from a non-exempt prescription more than seven (7) days after the date on which the prescription was written.

(3) A healthcare practitioner may dispense the remaining portion or part of the remaining portion of a partially filled non-exempt prescription under the following conditions:

(A) The total amount dispensed shall not exceed the total amount prescribed;

(B) The total amount dispensed pursuant to the prescription shall not exceed a total morphine milligram equivalent dose of seven hundred (700 MME);

(C) No portion of the remaining portion shall be dispensed fewer than four (4) days after the date on which the initial fill was dispensed;

(D) No portion of the remaining portion shall be dispensed more than fifteen (15) days after the date on which the initial fill was dispensed;

(E) No portion of the remaining portion shall be dispensed more than thirty (30) days after the date on which the prescription is written; and

(F) The remaining portion may be dispensed through multiple partial fills.

(g) The commissioner of health, in consultation with the regulatory boards created pursuant to this title that license healthcare practitioners, shall study and analyze the impact and effects of the restrictions imposed by this section and issue a report to the governor, the senate health and welfare committee, and the health committee of the house of representatives. The report may include recommendations for revisions to the restrictions on the prescription of opioids and shall be delivered no later than January 1, 2022.

(h) This section is repealed on January 1, 2023.

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 10, Part 2, is amended by adding the following as a new section:

(a) The general assembly finds that patient access to information about controlled substances is crucial to combating the deadly opioid epidemic in this state and that any obstacle to patients' receiving information about controlled substances is a serious threat to public health.

(b) Any agreement purporting to limit the ability of a pharmacist to discuss any issue related to the dispensing of a controlled substance with a patient is contrary to the public policy of this state and is void and unenforceable. This includes, but is not limited to, information about the risks, effects, and characteristics of the controlled substance; what to expect when taking the controlled substance and how the controlled substance should be used; reasonable alternatives to the prescribed controlled substance; and any costs related to the dispensing of the controlled substance.

SECTION 3. Tennessee Code Annotated, Section 53-10-303(f), is amended by adding the following as a new subdivision (f)(5):

(5) Establishing the morphine milligram equivalent calculation for an opioid drug contained in Schedules II-V for purposes of SECTION 1 of this act; provided, that if no such rule is promulgated for an opioid drug, the morphine milligram equivalent calculation established by the federal centers for disease control and prevention for that drug shall be used.

SECTION 4. Tennessee Code Annotated, Section 53-10-305(b)(1), is amended by redesignating the existing subdivision (b)(1)(L) as (b)(1)(M) and adding the following as a new subdivision (b)(1)(L):

(L) The relevant ICD-10 diagnostic code for any non-exempt prescription, as defined in SECTION 1 of this act;

SECTION 5. Tennessee Code Annotated, Section 53-10-310(e)(1), is amended by deleting the subdivision and substituting instead the following:

(1) When prescribing a controlled substance, all healthcare practitioners, unless otherwise exempted under this part, shall check the controlled substance database prior to prescribing one (1) of the controlled substances identified in subdivision (e)(4) to a human patient at the beginning of a new episode of treatment; prior to the issuance of each new prescription for the controlled substance for the first ninety (90) days of a new episode of treatment; and at least every six (6) months when that prescribed controlled substance remains part of the treatment. An authorized healthcare practitioner's

delegate may check the controlled substance database on behalf of the healthcare practitioner. For purposes of this subdivision (e)(1), a new episode of treatment means a prescription for a controlled substance that has not been prescribed by that healthcare practitioner within the previous six (6) months.

SECTION 6. Tennessee Code Annotated, Section 53-10-310(e)(2), is amended by deleting the subdivision and substituting instead the following:

(2) When dispensing a controlled substance, all healthcare practitioners, unless otherwise exempted under this part, shall check the controlled substance database prior to dispensing one (1) of the controlled substances identified in subdivision (e)(4) to a human patient the first time that patient is dispensed a controlled substance at that practice site. The dispenser shall check the controlled substance database again at least once every six (6) months for that human patient after the initial dispensing while the controlled substance remains part of the treatment. The initial dispensing check fulfills the first annual check. An authorized healthcare practitioner's delegate may check the controlled substance database on behalf of the healthcare practitioner.

SECTION 7. Tennessee Code Annotated, Section 53-10-310(e)(6)(C), is amended by deleting the language "seven-day treatment period" and substituting instead "three-day treatment period".

SECTION 8. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by adding the following as a new section:

(a) A health insurance entity shall prorate an enrollee's cost sharing for a partial fill of a prescription dispensed pursuant to SECTION 1 of this act.

(b) As used in this section, "health insurance entity" has the same meaning as defined in § 56-7-109.

SECTION 9. Tennessee Code Annotated, Title 53, Chapter 10, Part 3, is amended by adding the following as a new section:

No later than July 31, 2018, and at least annually thereafter, the department of health shall provide a summary of the prescribing history of each healthcare practitioner

who has a unique DEA number and who, according to the data in the database, has prescribed a controlled substance in the prior calendar year to the prescriber. The summary of the prescribing history shall compare the amount of controlled substances prescribed by the healthcare practitioner relative to other healthcare practitioners in the same specialty and other healthcare practitioners in the same geographic region. The summary may also include any other information the department of health deems relevant.

SECTION 10. If any provision of this act or its application to any person or circumstance is held invalid, then the invalidity shall not affect other provisions or applications of the act that can be given effect without the invalid provision or application, and to that end the provisions of this act shall be severable.

SECTION 11. This act shall take effect January 1, 2019, the public welfare requiring it.

House Health Subcommittee Am. #1

Amendment No. _____

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AMEND Senate Bill No. 2494

House Bill No. 2262*

by deleting subsection (b) in the amendatory language of Section 1 and adding the following:

(b) Notwithstanding any other law, any funds that become available to the department for family planning programs, in excess of funds needed to operate family planning programs in county or district health departments, must be awarded to eligible entities in the following order of descending priority:

- (1) Public entities that provide family planning services, including state, county, and local community health clinics and federally qualified health centers; and
- (2) Nonpublic entities that provide comprehensive primary and preventative care services in addition to family planning services.



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AMEND Senate Bill No. 2674

House Bill No. 2348*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following as a new section:

If a health care prescriber prescribes more than a five-day supply of opioids to a non-pregnant woman of childbearing age, the health care prescriber shall inform the patient of the risk of fetal injury and neonatal abstinence syndrome in the event of pregnancy while the patient is being treated with opioids. Health care prescribers shall assure that patients receive culturally and linguistically appropriate, patient-centered and non-coercive counseling that presents methods from all tiers of effectiveness and means to obtaining contraceptive services. Health care prescribers shall document any counseling pursuant to this section and the patient's reproductive life plan in the patient's medical record. If pregnancy does occur during treatment, the health care prescriber is encouraged to minimize fetal exposure as much as possible and coordinate care with appropriate obstetric providers upon diagnosis of pregnancy.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.



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House Health Subcommittee Am. #1

Amendment No. _____

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AMEND Senate Bill No. 2675

House Bill No. 2603*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 68-140-311, is amended by adding the following as a new subsection:

Any person subject to regulation under this part must notify the Tennessee emergency medical services board of all convictions and pending charges, including arrests, citations, and indictments, for commission of a felony or misdemeanor in any jurisdiction within ten (10) business days of the occurrence of such actions. This subsection shall apply to persons whose licenses are active, inactive, or suspended on the date of the conviction or the date the charges were filed. Failure to timely notify the Tennessee emergency medical services board of the occurrence of such actions shall result in the suspension of active and inactive licenses.

SECTION 2. This act shall take effect July 1, 2018, and shall apply to all convictions and charges filed against persons subject to the requirements of this act on and after July 1, 2018, the public welfare requiring it.



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